PART B - FEE(S) TRANSMITTA

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28143 7590 02/10/2006 NATTER & NATTER 501 FIFTH AVENUE SUITE 808 NEW YORK, NY 10017								
							(Date)	
APPLICATION NO.	FILING DATE		FIRST NAME	INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/294,073	04/19/1999		NG OH		3598-6	5738		
TITLE OF INVENTION: E	NDODONTIC GUTTA-PEI	RCHA POINT WI	TH WORKIN	IG LENGTH MA	RKS	•		
APPLN, TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700	\$0		\$700	05/10/2006		
EXAMINER		ART UNIT		CLASS-SUBCLASS]		
WILSON, JOHN J		3732	2 433-224000		000	•		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON PLEASE NOTE: Unless an assignee is identified below, no assigner recordation as set forth in 37 CFR 3.11. Completion of this form is NO (A) NAME OF ASSIGNEE			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type) adata will appear on the patent. If an assignee is identified below, the document has been filed for Ta substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)					
la. The following fee(s) gree	mall entity discount permitte	een 4b.	. Payment of I A check in Payment t The Direct	Fee(s): In the amount of the thick t	ne fee(s) is en rm PTO-2038	is attached. PAID 0 rge the required fee(s), or cre	4/24/2006	
	(from status indicated above	•	_					
	MALL ENTITY status. See 3		b. Applica	int is no longer cl	aiming SMAI	LL ENTITY status. See 37 C	FR 1.27(g)(2).	
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Authorized Signature	horized Signature Subtle				Date07/10/2006			
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Mexandria, Virginia 22313-1	450.		O 2212D	o obtain or retain ection is estimate on the individual ation Officer, U.S FORMS TO THI	a benefit by the description to take 12 m case. Any constitution of the case o	ne public which is to file (and ninutes to complete, includin mments on the amount of tir Trademark Office, U.S. Depa . SEND TO: Commissioner to Lisplays a valid OMB control	or ratents, P.O. Box 1450,	